

1.) CORPORATION NAME:

THE BARTECH GROUP, INC.

DUE DATE: **11/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

SCC ID NO: **F1450420**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17199 N LAUREL PARK DR SUITE 224

CITY/ST/ZIP: LIVONIA, MI 48152-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: ANDREAN R HORTON
TITLE: SECRETARY
ADDRESS: 17199 N. LAUREL PARK DRIVE
SUITE 224
CITY/ST/ZIP/CO: LIVONIA, MI 48152-

☒

OFFICER

☐

DIRECTOR

NAME: LEONARD WYDERKO
TITLE: CFO
ADDRESS: 17199 N. LAUREL PARK DRIVE
SUITE 224
CITY/ST/ZIP/CO: LIVONIA, MI 48152-

☐

OFFICER

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DIRECTOR

NAME: JEROME ADAMS
TITLE: DIRECTOR
ADDRESS: 17199 N. LAUREL PARK DRIVE
SUITE 224
CITY/ST/ZIP/CO: LIVONIA, MI 48152-

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OFFICER

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DIRECTOR

NAME: HERBERT S AMSTER
TITLE: DIRECTOR
ADDRESS: 17199 N. LAUREL PARL DRIVE
SUITE 224
CITY/ST/ZIP/CO: LIVONIA, MI 48152-

NAME:	JON E BARFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, MI 48152-		
NAME:	JOHN W BARFIELD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, MI 48152-		
NAME:	HAVEN E COCKERHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, MI 48152-		
NAME:	JOSEPH J FITZSIMMONS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, MI 48152-		
NAME:	JOSEPH J FITZSIMMONS SR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, MI 48152-		
NAME:	GEORGE F FRANCIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, VA 48152-		
NAME:	ROBERT E KNOWLING JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE 224		
CITY/ST/ZIP/CO:	LIVONIA, VA 48152-		
NAME:	GEORGE F RAYMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, MI 48152-		
NAME:	RICHARD T WHITE ESQ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17199 N. LAUREL PARK DRIVE SUITE 224		
CITY/ST/ZIP/CO:	LIVONIA, VA 48152-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JON E BARFIELD	JON E BARFIELD, DIRECTOR	10/6/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.